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## \*BIBDATASHEET\*

CONFIRMATION NO. 1249

Bib Data Sheet

SERIAL NUMBER 10/783,126	FILING DATE 02/20/2004  RULE	CLASS 227	GROUP ART UNIT 3721	ATTORNEY DOCKET NO. 2666 CON (203- 2709 CON)
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Checked*  
 This application is a CON of 09/687,815 10/13/2000 PAT 6,817,508  
*NC*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*  
*NC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/14/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>NC</i>	STATE OR COUNTRY CT	SHEETS DRAWING 23	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

ADDRESS  
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TITLE  
 Surgical stapling device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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